

PD8000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

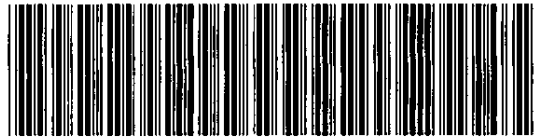
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FILED
09 APR 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Trevino
4-28-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED MEDICAL DISTRIBUTOR INC
(Name of Corporation)

DOCUMENT NUMBER: 08000000562

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PIBOON KITIRATANASUMPUN
(Name of Person)

ADVANCED MEDICAL DISTRIBUTOR INC
(Name of Firm/Company)

1108 34th ST. NO.
(Address)

St. Pete FL 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

PIBOON KITIRATANASUMPUN at (727) 526-7644
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2009

PIBOON KITIRATANASUMPUN
ADVANCED TREATMENT CENTER INC.
918 52ND AVENUE NORTH
ST. PETERSBURG, FL 33703

SUBJECT: ADVANCED MEDICAL DISTRIBUTOR, INC.
Ref. Number: P08000000562

We have received your document for ADVANCED MEDICAL DISTRIBUTOR, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$62.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 109A00013148

RECEIVED
2009 APR 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
09 APR 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PIBOON KITIRATANASOMPUN
(Name of Registered Agent)

hereby resigns as Registered Agent for ADVANCE MEDICAL DISTRIBUTOR, INC.
(Name of Corporation)

P08000000562

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

P. Kitiratanasompun

(Signature of Resigning Agent)

If signing on behalf of an entity:

PIBOON KITIRATANASOMPUN

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314